

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 10, 1998

COUNTY FISCAL LETTER (CFL) NO. 98/99-13

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: BASS V. ANDERSON LAWSUIT – COUNTY EXPENSE CLAIM AND
COUNTY ASSISTANCE CLAIM INSTRUCTIONS FOR
IMPLEMENTATION

The Bass v. Anderson lawsuit concerns the recovery of non-fraudulent overpayments related to child ineligibility in the Aid to Families with Dependent Children-Foster Care (FC) Program.

The purpose of this CFL is to provide implementing time study and claiming information for both administrative and retroactive reimbursement costs.

BACKGROUND

All County Letter (ACL) No. 97-55, dated September 17, 1997, informed counties of the Court Order, effective June 6, 1997, requiring the California Department of Social Services and counties to discontinue the practice of recovering non-fraudulent overpayments from relative/non-relative legal guardian, and licensed foster family home providers; identify and rescind all current actions to recover said overpayments; notify providers subject to overpayment recovery of the rescission; and provide retroactive reimbursement of non-fraudulent overpayments previously collected.

ACL No. 98-33, dated May 15, 1998, provided counties with instructions and materials for implementing the Bass v. Anderson Judgement and follow-up Order issued by the Court on March 17, 1998. The retroactive relief period is April 1, 1992 to present.

FISCAL TIME STUDY AND CLAIMING INSTRUCTIONS

I. Administrative Costs

A. Time Study Instructions

Counties may begin Bass v. Anderson activities as early as the September 1998 quarter following the instructions and time frames provided in ACL No. 98-33. Hours and administrative costs are to be reported/claimed on the County Expense Claim. Activities to be performed include, but are not limited to:

- Reviewing all returned claim forms;
- Determining reimbursement amounts;
- Documenting the corrective payment in the case file;
- Completing and issuing Notice of Action forms; and
- Issuing approved retroactive reimbursement checks.

Program Code 3461, Bass v. Anderson, has been established in the Other Public Assistance Function for tracking purposes. Casework staff assigned to perform the above activities will record time to Code 3461 on the DFA 10, Time Study. Support staff will record time to the level approved in the Support Staff Time Reporting Plan (SSTRP) on the DFA 7, Support Staff Time Report. Direct-to-program support staff will record time to Code C38, on the DFA 7.

All hours will be summarized at the end of the quarter and reported for caseworkers on the DFA 55, Casework Time Study and Salary Distribution Summary. For support staff, report hours to either the DFA 7A, Support Staff Summary, or DFA 7B, Support Staff Salary Distribution to Program.

Counties should reference Manual of Policies and Procedures, Section 25-811.10, Time Study Instructions for Implementation Quarters, for special time study instructions based on the month in which the activity begins during the quarter. It is anticipated activity will not begin until August 1998.

B. Claiming Instructions

The attributable Bass v. Anderson administrative costs will flow through the County Expense Claim to Program 346, Bass v. Anderson. Costs are not eligible for federal financial participation (FFP). Funding ratios are 70/30 (State Welfare/County funds). The county share is subject to the Foster Care Administrative Maintenance of Effort.

II. Retroactive Assistance Payments: Claiming Instructions

The cost of retroactive reimbursement payments issued to claimants will be claimed on an additional monthly Assistance Claim, CA 800 FC (FED) (1/97), Summary Report of Assistance Expenditures – Federal Children in FC. Costs will be combined and reported on the additional claim for those cases assigned to aid codes 42 and 4C at the time of the overpayment. The sharing ratios of 40/60 (state/county) shall be applied to the reported expenditures on this additional claim form only. (Reference the attached sample.)

The following are the instructions for completing the CA 800 FC (FED) for purposes of the Bass v. Anderson Lawsuit:

1. Identify the claim form with "Bass v. Anderson Lawsuit" at the top of the form.
2. Column A: Do not enter persons count.
3. Lines 1B through 3B: Do not enter any amounts.
4. Line 5B: Enter the total client retroactive reimbursement as a result of Bass v. Anderson.*
5. Line 6B through Line 11B: Do not enter any amounts.
6. Line 12B: Enter the amount from Line 5B.
7. Line 13A: Do not enter any amount.
8. Line 14C: Do not enter Federal share.
9. Line 14D: Enter the State share – Multiply 12B x .40 percent.
10. Line 14E: Enter the County share – Multiply 12B x .60 percent.
11. Line 15: Do not enter Grand Totals.

*Note: Line 5B is normally used to report expenditures due to aid payments. For the purpose of lawsuit settlement, this line facilitates the reporting of client reimbursement of overpayment collections.

Counties, as always, shall submit a Payroll Summary with the claim and should maintain proper documentation at the county level identifying all Bass cases/payments to ensure a proper audit trail for any future reviews.

If you have any questions regarding this letter, please contact the Fiscal Policy Bureau at (916) 657-3440.

***Original Document Signed by
George E. Peacher, Jr. on 8/10/98***

GEORGE E. PEACHER, JR., Chief
Fiscal Systems and Accounting Branch

Attachment

c: CWDA

BASS V. ANDERSON LAWSUIT**SUMMARY REPORT OF
ASSISTANCE EXPENDITURES -
FEDERAL CHILDREN IN FOSTER CARE**
(Instructions on Reverse Side of Form)

For State Use <input checked="" type="checkbox"/> DSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS			
		1. Main Payroll			
		2. Current Month Supplemental Payroll			
()	()	3. Current Month Cancellation Contra Roll			
		5. Prior Months Supplemental Payroll			
		6. Subtotal (reconciliation totals)			
()	()	7. Prior Months Cancellation Contra Roll			
()	()	8. Recoveries of Aid			
		9. Schedule of Adjustments (show minus items in parentheses)			
		10. Subtotals (Lines 7,8,9)			
		11. DSS Office Audit Corrections (for state use only)			
		12. TOTAL			
		13. Amount not Reimbursable from Federal Funds			
		C FEDERAL (Line 12B minus Line 13A) x .5023	D STATE (Line 12B minus Line 14C) x .40	E COUNTY (Line 12B minus Line 14C minus Line 14D) X.60	
					14.
GRAND TOTALS	(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)	15.
					16.
					17.
FUNERAL COSTS (11-405.2)					18.
(FOR COUNTY USE)	PERS. CTS.				19.
					20.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE